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02-06-01

A

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	AI-TECH-20	Total Pages	61	
		First Named Inventor or Application Identifier				
		CHUNG, KEVIN				
		Express Mail Label No.	EL182474966US	Date Mailed February 5, 2001		
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>			ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231			
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i>			6. <input type="checkbox"/> Microfiche Computer Program (Appendix)			
2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 			7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 			
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) 			8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))			
4. <input checked="" type="checkbox"/> Oath or Declaration 			9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>			
a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed) [Note Box 5 Below]</i>			10. <input type="checkbox"/> English Translation Document (if applicable)			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations			
			12. <input type="checkbox"/> Preliminary Amendment			
			13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>			
			14. <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Statement Filed in prior Statements(s) application, Status still proper and desired			
			15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>			
			16. <input type="checkbox"/> Other: _____			
17. a. If a CONTINUING APPLICATION , check appropriate box and supply requisite information. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of the following application(s), each of which is hereby incorporated herein by reference: b. Priority Applications In addition to any applications listed in 17a, the present application also claims priority to the following application(s), each of which is hereby incorporated herein by reference. 60/184,410 Filed: February 23, 2000 60/198,704 Filed: April 20, 2000						
18. CORRESPONDENCE ADDRESS						
<input checked="" type="checkbox"/> Customer Number 000110 or DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. 1601 Market Street, Suite 720 Philadelphia, PA 19103-2307 Phone (215) 563-4100 Facsimile (215) 563-4044 to the attention of the individual identified below.						
 Clement A. Berard PTO Registration No. 29,613						

FEE TRANSMITTAL

<i>Complete if known</i>	
Application Number: Not Yet Assigned	
Filing Date:	
First Named Inventor: CHUNG, Kevin Kwong-Tai	
Group Art Unit:	
Examiner Name:	
Total Amt. of Payment: (1)+(2)+(3)=	\$916
Attorney Docket Number: AI-TECH-20	

jc841 U.S. PRO
 09/16/01
 02/05/01

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																	
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		ADDITIONAL FEES Fee Description Fee Paid Surcharge-late filing fee or oath Surcharge - late provisional filing fee or cover sheet Extension for response within first month Extension for response within second month Extension for response within third month Extension for response within fourth month Notice of Appeal Filing a brief in support of an appeal Request for oral hearing Petition to revive unavoidably abandoned application Petition to revive unintentionally abandoned application Issue fee Petitions to the Commissioner Petitions related to provisional applications Submission of Information Disclosure Stmt Recording each patent assignment per property Other fee (specify) <u>Advance Order (10 copies)</u> Other fee (specify)																	
2. Payment enclosed: Check in the amount of <u>\$916</u>		SUBTOTAL (1) <u>\$355</u> SUBTOTAL (3) <u>\$0</u>																	
FEE CALCULATION 1. FILING FEE <table> <thead> <tr> <th>Fee Description</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>Utility filing fee</td> <td><u>355</u></td> </tr> <tr> <td>Design filing fee</td> <td><u> </u></td> </tr> <tr> <td>Plant filing fee</td> <td><u> </u></td> </tr> <tr> <td>Reissue filing fee</td> <td><u> </u></td> </tr> <tr> <td>Provisional filing fee</td> <td><u> </u></td> </tr> </tbody> </table>				Fee Description	Fee	Utility filing fee	<u>355</u>	Design filing fee	<u> </u>	Plant filing fee	<u> </u>	Reissue filing fee	<u> </u>	Provisional filing fee	<u> </u>				
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2. Claims <table> <thead> <tr> <th></th> <th>Paid</th> <th>Extr</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>69</td> <td>-20</td> <td>= 49 x 9 = 441</td> </tr> <tr> <td>Independent Claims</td> <td>6</td> <td>-3</td> <td>= 3 x 40 = 120</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Paid	Extr	Fee	Total Claims	69	-20	= 49 x 9 = 441	Independent Claims	6	-3	= 3 x 40 = 120	Multiple Dependent (First presentation)			
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Independent Claims	6	-3	= 3 x 40 = 120																
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SUBTOTAL (2) <u>\$561</u>																			

Submitted By:

Typed or

Printed Name Clement A. Berard

Reg. Number 29,613

Deposit Account User ID

Signature Clement A. Berard Date February 5, 2001 Deposit Account User ID 04-1406